

MASS VAX STATE INFORMATION FORM

Vaccine POD Location: Rancho Cordova High School

Last Name (Please PRINT legibly): _____

First Name (Please PRINT legibly): _____

Date of Birth: _____
mm/dd/yyyy

Gender (Mark One): ☐ Male ☐ Female ☐ Non-binary ☐ Unknown

Race (Mark One):

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other Race |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |

Ethnicity (Mark One): ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Mother's FIRST Name: _____

Occupation (Mark One):

- ☐ Construction/Landscaping/Other Trades
- ☐ First Responder – Fire/Police/EMT
- ☐ Healthcare – DIRECT patient contact
- ☐ Healthcare – NO Direct patient contact
- ☐ Plant worker, manufacturing, machine operators, assemblers
- ☐ School employee or contractor
- ☐ Service – Restaurants, bars, catering, food service, fast food
- ☐ Service – Rental, cosmetology, massage, elective services
- ☐ Service – Transportation
- ☐ Service – Entertainment, performance
- ☐ Skill – Agriculture, forestry and fishery workers
- ☐ Other

Your Zip Code: _____

Your City: _____

For Official Use Only:

Vaccine Eligibility: State General Fund

Vaccine: Pfizer

Body Site: Left Deltoid Right Deltoid